Revision: HCFA-PM-86-20 (BERC)

SEPTEMBER 1986

ATTACHMENT 3.1-B

Page 1 a

OMB No. 0938-0193

State/Territory:

**NEW JERSEY** 

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Pregnant Women

The following ambulatory services are provided.
2. Outpatient Hospital Services

Other laboratory and X-ray services

4.c. Family planning
5 Physicians' services

- Medical care and any other type of remedial care
  - a. Podiatrists' services
  - b. Optometrists' services
  - c. Chiropractic services ·
  - d. Other practitioners (psychologists)
- 7. Home Health services
- Clinic services 9.
- 10. Dental services
- Physical therapy and related services 11.
  - a. Physical therapy, occupational therapy and services for individuals with speech, hearing and language disorders
- Prescribed drugs, dentures and prosthestic devices, and eyeglasses 12.
- 13. Other diagnostic, screening, preventive and rehabilitative services
- 17. Nurse-Midwife
- 20. Extended services for pregnant women23. Any other medical care and any other type of remedial care 23. Any other means a. Transportation

  - f. Personal care services

\*Description provided on attachment.

TN No. 87-20 Supersedes

TN No. 87-4

Approval Date JAN 29 1990

HCFA ID: 0140P/0102A

Revision: HCPA-PM-86-20

SEPTEMBER 1986

(BERC)

ATTACHMENT 3.1-B Page 1 b OMB No. 0938-0193

'State/Territory:	NEW JERSEY		
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AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Dependent Children

## The following ambulatory services are provided.

2. Outpatient Hospital Services

Other laboratory and X-ray services

4.c. Family planning

5. Physicians' services

Medical care and any other type of remedial care

b. Optometrists

d. Other practitioners (psychologists)

Home Health services

9. Clinic services

Dental services 10.

Physical therapy and related services 11.

Prescribed drugs, dentures, prosthetic devices, and eyeglasses 12.

Other diagnostic, screening, preventive, and rehabilitative services 13.

Nurse-Midwife 17.

20. Extended services for pregnant women

23. Any other medical care and any other type of remedial care

a.Transportation

f.Personal care

\*Description provided on attachment.

TN No. 87-25 Supersedes TH No. 87-

JAN 29 1990 Approval Date

Effective Date

HCFA ID: 0140P/0102A



Revision: HCPA-PM-86-20 (BERC)

SEPTEMBER 1986

ATTACHMENT 3.1-B Page 1 c

OMB No. 0938-0193

State/Territory:	NEW JERSEY	•
Street Tellifold:	11011 0011001	

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY GROUP(S): Aged, Blind or Disabled

The following ambulatory services are provided.

2. 3.

Outpatient Hospital Services Other laboratory and X-ray services

4.c. Family planning

Physicians' services

- Medical care and any other type of remedial care
  - a. Podiatrists' services
  - b. Optometrists' services
  - d. Other practitioners' services (psychologists)
- 7. Home Health services
- 9. Clinic services
- Dental services 10.
- 11. Physical therapy and related services
- 12.b. Dentures
  - c. Prosthetic devices
  - d. Eveglasses
- 13. Other diagnostic, screening, preventive, and rehabilitative services
- 17. Nurse-Midwife
- Extended services for pregnant women 20.
- Any other medical care and any other type of remedial care 23.
  - a. Transportation
  - f. Personal care services

\*Description provided on attachment.

TH No. 87-20 Supersedes TH No. 87-4

Approval Date JAN 2 9 1990

Effective Date

HCFA ID: 0140P/0102A

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## State/Territory: New Jersey Pregnant Women

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\*Description provided on attachment.

TN NO. 95-15 Supersedes Accesval Date TN No. 94-18	DEC 1 1 1995	Effective	DeteJUL 1 - 1995
TH NO. 94-18		HCFA ID:	7986E

## **OFFICIAL**

Attachment 3.1-B Page 2a.1

State	e/Territory: New Jersey
	Amount, Duration and scope of Services Provided Medically Needy Group(s):
	Pregnant Women
2.c.	Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the state Medicaid Manual (HCFA-Pub. 45-4).  Provided: X X With limitations*
	*Description provided on attachment.
	TN No. $90-13$ Approval Date $90-17$ 1990 Effective Date $90-140$ TN No. $N \in \mathcal{U}$

Revision: HCFA-PM-91-4

elsewhere.

AUGUST 1991

(BPD)

TTACHMENT 3.1-B Page 2.1 a OMB No. 0938-

	C	
State/Territory: _	New Jersey	
AMOUNT, DURATI	ON, AND SCOPE OF SERVICES PROVIDED GROUP(S): Pregnant Women	
 MEDICALLI NEEDI	droor(3). Tragrams women	
	ther furnished in the office, the al, a skilled nursing facility, or	

/X/Provided: //No limitations X/With limitations\*

b.Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

/X/Provided: //No limitations /X/With limitations\*

\*Description provided on attachment.

Effective Date OCT 0 1 1991 TN No. 3 1992 FEB Approval Date Supersedes TN No. HCFA ID: 7986E

Revision: HCFA-PM-91-4

HCFA-PM-91- 4 AUGUST 1991 (BPD)

OFFICIAL ATTACHMENT 3.1-B Page 2.1 b OMB No. 0938-

State/Territory:	New Jersey	
AMOUNT, DURATION MEDICALLY NEEDY	N, AND SCOPE	OF SERVICES PROVIDED

5.a.Physicians' services, whether furnished in the office, the patient's home, a hospital, a skilled nursing facility, or elsewhere.

 $\sqrt{X/P}$ rovided:  $\sqrt{N}$ 0 limitations  $\sqrt{X/W}$ 1 limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

 $\sqrt{X}$ /Provided:  $\sqrt{N}$ 0 limitations  $\sqrt{X}$ /With limitations\*

\*Description provided on attachment.

TN No. 91-47
Supersedes Approval Date FEB 3 1992 Effective Date OCT 0 1 1991
TN No.

HCFA ID: 7986E





Revision: HCFA-PM-91-4

AUGUST 1991

## (BPD) OFFICIAL

ATTACHMENT 3.1-B Page 2.1 C OMB No. 0938-

State/Territory: New Jersey	
AMOUNT, DURATION, AND SCOPE OF SERVICES PROVIDE MEDICALLY NEEDY GROUP(S): Aged, Blind & Disable	ED ed_
ians' services, whether furnished in the office, that's home, a hospital, a skilled nursing facility,	

/X/Provided: //No limitations /X/With limitations\*

b. Medical and surgical services furnished by a dentist (in accordance with section 1905(a)(5)(B) of the Act).

/X/Provided: //No limitations /X/With limitations\*

\*Description provided on attachment.

TN No. 91-45
Supersedes Approval Date EF 3 1992
Effective Date OCT 0 1 1991

HCFA ID: 7986E

ATTACHMENT 3.1-8 Page 3 C ONB No. 0138-

State/Territory: New Jersey Aged, Blind & Disabled

OFFICIAL

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED TO THE MEDICALLY MEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.	
NOT Provided: //No limitations // With limitations*	
2.a. Outpetient hospital services.	
Provided: //No limitations /// With limitations*	
<ul> <li>health clinic services and other asbulatory services furnished by a rural health clinic.</li> </ul>	
// Provided: // No limitations //With limitations.	
<u>/X/</u> Not provided.	
c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicald Manual (HCFA-Pub. 45-4).	
/Y/ Provided: // No limitations //With limitations*	
d. Ambulatory services offered by a health center receiving funds under section 329, 330, or 340 of the Public Health Service Act to a pregnan woman or individual under 18 years of age.	t
/X: Provided: [ No limitations   With limitations	
<ol> <li>Other laboratory and X-ray services.</li> </ol>	
/X/ Provided: // No limitations /X/With limitations*	
4.a. Mursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.	
A/Provided: //No limitations /y/With limitations.	
b. Early and periodic acreening, diagnostic and treatment services for individuals under 21 years of age, and treatment of conditions found.	
// Provided: // No limitations //With limitations	
Type Not provided.	
childbearing age.	
/Y/Provided: /Y/No limitations //With limitations	
*Description provided on attachment.	
TN No. 95-15 DEC 1 1 1995	
Superseder Approval Date DEC Effective Date JUL 1 - 1995 TN No. 94-18	-
HCTA TO: TERCE	

State	e/Territory: <u>New Jersey</u>
	Amount, Duration and scope of Services Provided Medically Needy Group(s):
	Aged, Blind or Disabled
2.c.	Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the state Medicaid Manual (HCFA-Pub. 45-4).
	Provided: X With limitations*
	*Description provided on attachment.
	TN No. 90-13  Approval Date 17 1990 Effective Date TN No. NEW

90-13-MA (NJ)